SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 64
				(check only one)
• • •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)				
	Americas Health Insurance Plans PAC (A	AHIP PAC	5)	
Α.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500			12 15 2006
	City State		Zip Code	Transaction ID: 20061218-4
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President; Clinical Aff	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		3833.30	
	Other (specify) ▼	0 0	3033.30	
В.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg Ste 500			12 31 7 2006
	City	State	Zip Code	Transaction ID: 20061227-4
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Amorioa'e Hoalth Incurance	Occupation	n e Vice President; Clinical Aff	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2022.20	
	Other (specify) ▼	0 0	3833.30	
<u> </u>	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20061123-5
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	
	Other (specify) ▼		600.00	
CUPTOTAL of Provide This Prov (cultive)				441.66
Ls	UBTOTAL of Receipts This Page (optional)		······	

TOTAL This Period (last page this line number only)